Under the Papanyork I	Peduction Act of 1	995, no person are required to	U.S. Pate	ent and Traden	oved for use through nark Office; U.S. DE	06/30/2010.	OF COMMERCE	
	respond to a collection of information unless it displays a valid OMB control number Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/589,759-Conf. #9657			
FEE TRANSMITTAL			Filing Date		July 13, 2007			
			First Named Inventor		Kare T. CHRISTENSEN			
For FY 2009			Examiner Nam	Examiner Name J		J. A. Elbin		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2615			
TOTAL AMOUNT OF PAYMENT (\$) 940.0		(\$) 940.00	Attorney Docke	Attorney Docket No.		4436-0132PUS1		
METHOD OF PAYM	ENT (check a	ll that apply)						
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of x Credit any overpayments								
fee(s) und	er 37 CFR 1.10	6 and 1.17		———	ayments			
1. BASIC FILING, SEAI		AMINATION FEES						
Application Type	FILI	NG FEES SE Small Entity	ARCH FEES Small Entity	<u>.</u>	NATION FEES Small Entity		D 11(0)	
Utility	330	Fee (\$) Fee (\$		<u>Fee (\$)</u> 220		rees	Paid (\$)	
Design	220	110 100		140	110 70			
Plant	220	110 100		170				
Reissue	330	165 540		650	85 325	-		
Provisional	220	110 0		030	0			
2. EXCESS CLAIM FEE		110 0	v	U	U		Small Entite	
Fee Description Each claim over 20 (inc		es)				Fee (\$)	Small Entity Fee (\$)	
Each independent claim	over 3 (includ	ling Reissues)				220	110	
Multiple dependent claims						390	195	
Total Claims	Extra Claims	Fee (\$) F	Fee Paid (\$)		Multiple Dependent Claims		<u>5</u>	
- or HP =		<u>Fe</u>	ee (\$) <u>I</u>	ee Paid (<u>\$)</u>			
HP = highest number of tota	•	•						
Indep. Claims	Extra Claims	Fee (\$) F	ee Paid (\$)					
HP = highest number of inde								
3. APPLICATION SIZE If the specification and listings under 37 CI	FEE drawings exc FR 1.52(e)), the	eed 100 sheets of paper e application size fee d	ue is \$270 (\$135	for small er	led sequence or a	computer Iditional 5	0	
		U.S.C. 41(a)(1)(G) and				_		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late fifting surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1251 Extension for response within first month 130.00								
SUBMITTED BY	W							
Signature	(Atto				Telephone	(, , , , , , , , , , , , , , , , , , ,		
Name (Print/Type) D. Richard Anderson					Date	June 29, 2009		